

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90146 022 ****65.00

DOCUMENT # 756709

1. Entity Name

CORPORATE PARK AT CYPRESS CREEK PHASE II ASSOCIA

Principal Place of Business

Mailing Address

6400 N ANDREWS AVE
 4TH FLOOR
 FT LAUDERDALE FL 33309-2172

6400 N ANDREWS AVE
 4TH FLOOR
 FT LAUDERDALE FL 33309-2172

027079



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2321315

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUKE, BRYAN
C/O STILES CORPORATION
6400 N ANDREWS AVENUE
FT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD NOBLE, CRAIG**
 STREET ADDRESS **6400 NORTH ANDREW AVENUE, 4TH FLOOR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD GERKEN, STEVE**
 STREET ADDRESS **6400 NORTH ANDREWS AVENUE, 4TH FLOOR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME **Vice Pres/Director**
 STREET ADDRESS **Barbara Brown**
 CITY-ST-ZIP **6400 N. Andrews Avenue 4 FL Ft. Lauderdale, FL 33309**

TITLE Delete
 NAME **STD KAPLAN, DAN**
 STREET ADDRESS **6400 NORTH ANDREWS AVENUE 4TH FLOOR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CONSOVOY, BARRY**
 STREET ADDRESS **6400 NORTH ANDREWS AVENUE 4TH FLOOR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME **Robin Balarezo**
 STREET ADDRESS **6400 N. Andrews Avenue 4 FL**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE Delete
 NAME **D LEACH, NANCY**
 STREET ADDRESS **6400 NORTH ANDREWS AVENUE 4TH FLOOR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME **Peggi Hearn**
 STREET ADDRESS **6400 N. Andrews Ave 4th FL**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00
 Date

954-776-9300
 Daytime Phone #

CR2E037 (9/99)